BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09893743

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS 32						Minney State		RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			32- minus 20=		. 12			X\$ 9=		OR	X\$18=	216
INDEPENDENT CLAIMS			10 minus 3 =		. 7			X40=		OR	X80=	<100
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	·	OR	TOTAL	1486
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 32	Minus	3	2	= /		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF ME	Minus	··· ENDENI	O AIM	- /		X40=		OR	X80=	
<u> </u>	7 110 7 7 11202	ATTACK OF MIC	JETH EE DEI	CHOCK	OBAIII		'	+135=		OR	+270=	
,		1						TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
U-3-04 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 31	Minus	3	2	= /		X\$ 9=		OR	X\$18=	
	Independent	• 9 NTATION OF MU	Minus	ENDENT	CLAIM	=	$\ \ $	X40=		OR	X80=	
_	· · · · ·	INTATION OF INC	DETIFIE DEF	ENDEN	CLANVI		1	+135=		OR	+270=	
7 1								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3/	Minus	3	2	= /		X\$ 9=		OR	X\$18=	ž
	Independent	• 9	Minus	***	CLAIM	= /	11	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
••	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									I	TOTAL ADDIT: FEE	•
		mber Previously Pa ber Previously Pal						NDDIT. FEE L	ropriate box			